

Message Text

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ACTION NEA-10

INFO OCT-01 EUR-12 EA-07 ISO-00 OES-03 AID-05 HEW-02

CIAE-00 INR-07 NSAE-00 SP-02 SS-15 IO-11 EB-07 OMB-01

/083 W

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R 191314Z FEB 76

FM AMEMBASSY NEW DELHI

TO SECSTATE WASHDC 4133

INFO AMEMBASSY BANGKOK

AMCONSUL BOMBAY

AMCONSUL CALCUTTA

AMEMBASSY DACCA

AMEMBASSY ISLAMABAD

AMEMBASSY JAKARTA

AMEMBASSY LONDON

AMCONSUL MADRAS

AMEMBASSY MANILA

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EO 11652: NA

TAGS: TBIO, SPOP, IN

SUBJ: POPULATION CONTROL AND INNOVATIONS IN FAMILY

PLANNING: VISIT OF AMBASSADOR MARSHALL GREEN TO INDIA

SUMMARY: DURING HIS VISIT TO NEW DELHI AND THE STATES OF HARYANA AND THE PUNJAB FEBRUARY 13-18, AMBASSADOR GREEN HAD EXTENSIVE DISCUSSIONS ON INDIAN FAMILY PLANNING WITH OFFICIALS RANGING FROM THE UNION MINISTER OF HEALTH AND FAMILY PLANNING TO VILLAGE LEVEL WORKERS. THE AMBASSADOR WAS WITNESS TO THE DETERMINATION WITH WHICH INDIA WAS ATTACKING THE ALMOST IMPOSSIBLE PROBLEM OF CONTROLLING ITS POPULATION AND TO THE WAY IT WAS DOING THE JOB LARGELY ON ITS OWN INITIATIVE AND WITH ITS OWN RESOURCES. HE FOUND, HOWEVER, THAT THE INDIAN PROGRAM IS RUNNING BEHIND SCHEDULE; THERE IS A CONSIDERABLE GAP

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BETWEEN PLANNING AND EXECUTION; AND THERE ARE MAJOR

ORGANIZATIONAL PROBLEMS. AMBASSADOR GREEN FOUND THAT INDIA HAS SUPERIOR INTELLECTUAL RESOURCES IN THE FIELD OF BIOMEDICAL RESEARCH. THE MOST PROMISING AREAS FOR US-INDIA COOPERATION WOULD BE THROUGH EXPANDED RESEARCH IN THE FIELD OF HUMAN REPRODUCTION AND HEALTH DELIVERY SYSTEMS AT THE VILLAGE LEVEL. THE FINAL DRAFT OF THIS MESSAGE WAS PREPARED AFTER THE AMBASSADOR'S DEPARTURE. END SUMMARY.

1. THE INDIAN MINISTER OF HEALTH, KARAN SINGH, TOLD AMBASSADOR GREEN ON FEBRUARY 16 THAT THE MOST URGENT PROBLEM IN THE COUNTRY TODAY WAS TO CONTROL THE POPULATION. THE PRIME MINISTER, PRESIDENT, AND PARLIAMENTARIANS ARE CONVINCED THAT BOLD MEASURES MUST BE TAKEN NOW TO REACH GOALS OF A BIRTHRATE OF 25 PER 1000 BY 1984, THE END OF THE SIXTH FIVE-YEAR PLAN. THIS IS COMPARED TO THE PRESENT NATIONAL AVERAGE OF 35 PER 1000, AND WOULD REDUCE THE GROWTH RATE FROM 2.02 TO 1.5, MAKING IT POSSIBLE FOR INDIA TO REACH A GOAL OF 850 MILLION POPULATION BY 2000. ACCORDING TO KARAN SINGH, THE KEY THRUST OF THIS CRASH PROGRAM WILL BE THE INTEGRATION OF FAMILY PLANNING, HEALTH, AND NUTRITION SERVICES COMBINED WITH USE OF A PACKAGE OF INCENTIVES AND DISINCENTIVES. THE PROGRAM WILL OPERATE THROUGH THE 5300 PRIMARY HEALTH CENTERS (PHCS) AND 33,000 SUBCENTERS REACHING TO THE VILLAGE LEVEL WHERE VOLUNTEERS WILL BE RECRUITED, SUCH AS TEACHERS, PANCHAYAT LEADERS, ETC., TO SPREAD THE FAMILY PLANNING MESSAGE. STERILIZATION IS THE KEYSTONE OF THE PROGRAM AND ABORTION (MTP) (MEDICAL TERMINATION OF PREGNANCY) IS BECOMING MORE AND MORE IMPORTANT AS A TOOL TO BE AVAILABLE AT THE PRIMARY HEALTH CENTER LEVEL. THE MINISTER SAID COMPULSORY STERILIZATION, AS SUCH, WAS NOT A PART OF THIS PLAN, BUT ENFORCED DISINCENTIVES AND INCENTIVES ARE BEING CONSIDERED. ALSO, INCENTIVES IN THE FORM OF ALLOCATIONS OF RESOURCES TO STATES IF THE STATES CONDUCT A VIGOROUS FAMILY PLANNING PROGRAM ARE BEING PLANNED. THE MINISTER ALSO STATED THAT IN ORDER TO MEET POLITICAL PROBLEMS RESULTING FROM PRESENT SYSTEM OF DETERMINING NUMBER OF MEMBERS OF PARLIAMENT FROM EACH STATE ON THE BASIS OF POPULATION, ALLOCATION OF SEATS LIMITED OFFICIAL USE

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COULD BE FROZEN AT THE 1971 CENSUS RATE.

2. KARAN SINGH SAID HE WILL CLOSELY WATCH PROGRESS OVER THE NEXT FEW YEARS AND MAKE A JUDGMENT AFTER THE 1981 CENSUS AS TO WHETHER OR NOT THERE IS AN APPRECIABLE REDUCTION IN THE POPULATION GROWTH RATE. IF NOT, THEN LEGISLATION WOULD HAVE TO BE PASSED FOR MORE DRASTIC MEASURES. THIS, OF COURSE, WOULD CAUSE MASSIVE ADMIN-

ISTRATIVE AND MORAL PROBLEMS THAT THEY WOULD HAVE TO DEAL WITH. THE REAL GOAL IS TO REACH 40 MILLION OF THE 110 MILLION FERTILE COUPLES BY 1984. (THEY NOW ONLY REACH 15 MILLION.) THE DECLARATION OF A STATE OF EMERGENCY IN INDIA AND NEW EMPHASIS BEING GIVEN TO

FAMILY PLANNING BY POLITICAL LEVEL OFFICIALS HAS CREATED AN ATMOSPHERE OF URGENCY THAT WILL DEFINITELY FILTER DOWN THROUGH THE STATE AND VILLAGE LEVELS.

3. THE MINISTER FEELS THAT THE MAIN PROBLEM IN INDIA IS POVERTY, AND IT WILL BE NECESSARY TO RAISE THE STANDARD OF LIVING OF THE PEOPLE IN ALL CATEGORIES. ECONOMIC DEVELOPMENT AND COMMUNITY PARTICIPATION IS THE ONLY LONG-TERM ANSWER TO INDIAN POPULATION PROBLEMS. THE MINISTER DID NOT BELIEVE THAT ATTITUDES OF MEMBERS OF THE MEDICAL PROFESSION WOULD BE A BARRIER TO AN EFFECTIVE FAMILY PLANNING PROGRAM. THE PROBLEM WAS GETTING THE FUNDS AND POSITIONS TO STAFF THE PRIMARY HEALTH CENTERS ADEQUATELY AND TO TRAIN THE MULTI-PURPOSE WORKER AT THE INTERMEDIATE LEVEL TO STAFF THE SUBCENTERS AND COVER THE DISTANT OR PERIPHERY AREAS.

4. AMBASSADOR GREEN SAID HE HAD HEARD WHILE IN INDIA THE ESTIMATE THAT SOME 2.5 MILLION ALREADY STERILIZED WERE LEAVING THE ELIGIBLE COUPLE (REPRODUCTIVE AGE) CATEGORY EACH YEAR, WHICH MEANT THAT SOME 2.5 MILLION STERILIZATIONS WERE REQUIRED IN INDIA EACH YEAR JUST TO MAINTAIN CURRENT LEVEL OF STERILIZATIONS OF ELIGIBLE COUPLES. THE MINISTER AGREED AND SAID THAT THIS SERVED TO ILLUSTRATE WHY IT WAS NECESSARY TO INCREASE STERILIZATION RATES AND THE UTILIZATION OF ALL FAMILY PLANNING METHODS.

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5. DURING A VISIT TO THE STATES OF PUNJAB AND HARYANA ON FEBRUARY 17-18, AMBASSADOR GREEN WAS TOLD THAT THOSE STATES WERE SETTING THE PACE IN THE COUNTRY FOR ACCEPTORS. THE SECRETARY OF HEALTH OF HARYANA TOLD THE AMBASSADOR THAT THE STATE IS LEADING THE COUNTRY WITH 28,5 PERCENT ACCEPTORS, WITH MAHARASHTRA AND PUNJAB CLOSE BEHIND WITH

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ABOUT 26 PERCENT. SHE WAS FULLY IN FAVOR OF MONEY INCENTIVES TO THE POOR CLASSES FOR STERILIZATION AND IS GIVING RS. 50 IN ADDITION TO THE RS. 20 OFFERED BY THE NATIONAL GOVERNMENT. THE HARYANA GOVERNMENT HAS ISSUED A DIRECTIVE OF DISINCENTIVES FOR GOVERNMENT WORKERS WHO WOULD HAVE OVER TWO CHILDREN. COUPLES ALREADY WITH MORE THAN TWO CHILDREN MUST ACCEPT FAMILY PLANNING. DISINCENTIVES WILL BE USED IN THE URBAN AND AFFLUENT AREAS, BUT INCENTIVES WILL BE USED IN THE POORER VILLAGES. OTHER HARYANA FAMILY PLANNING LEADERS DISAGREED WITH THE MONEY INCENTIVE AND FELT THE ONLY WAY TO AN EFFECTIVE PROGRAM WAS THROUGH DELIVERY OF GOOD, ADEQUATE HEALTH AND MATERNAL AND CHILD HEALTH (MCH) SERVICES AND PROVISION OF FREE AND SAFE ABORTIONS AT THE VILLAGE LEVEL. AMBASSADOR GREEN WAS STRUCK BY THE HIGH INTEREST IN ABORTIONS AND THE NUMBER OF PEOPLE VOLUNTARILY COMING IN TO THE HOSPITALS FOR ABORTIONS IN BOTH HARYANA

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AND THE PUNJAB. IN GENERAL, THERE IS A FEELING OF URGENCY WHICH SEEMS TO BE SPREADING A FEELING THAT THE COUNTRY IS RUNNING OUT OF TIME AND PERFORMANCE WAS

RUNNING BEHIND SCHEDULE. THIS FEELING IS PERMEATING DOWN FROM THE CENTRAL TO STATE, LOCAL AND VILLAGE LEVELS. THE MATERNAL AND CHILD HEALTH AND AUXILIARY MIDWIVES AMBASSADOR GREEN TALKED TO IN PUNJAB AND HARYANA WERE UNDER CONSIDERABLE PRESSURE TO SIGN UP COUPLES AS ACCEPTORS. SOME EVEN COMPLAINED THAT IF THEY WERE TO MAKE THEIR ACCEPTOR QUOTAS SET BY THE STATES, THEY COULD NOT DO THEIR REGULAR JOB OF HEALTH DELIVERY.

6. DR CHHUTTANI, DIRECTOR OF THE POSTGRADUATE MEDICAL COLLEGE IN CHANDIGARH, TOLD AMBASSADOR GREEN HE HAS PROPOSED A BILL, SUPPORTED BY THE STATE OF HARYANA, TO FORCE MEN WHO HAD OVER TWO CHILDREN TO HAVE A STERILIZATION OR ACCEPT FAMILY PLANNING. THIS BILL HAS BEEN SENT TO THE CENTRAL GOVERNMENT, BUT NOT AS YET ACCEPTED. HE WAS TOLD SUCH A REQUIREMENT WOULD HAVE TO BE INCORPORATED IN NATIONAL LEGISLATION.

7. COMMENT: DURING AMBASSADOR GREEN'S DISCUSSIONS IN INDIA, MANY ASPECTS OF INDIAN PLANS WERE LEFT UNCLEAR, SUCH AS THE PRECISE ROLE OF THE MULTI-PURPOSE WORKERS (HOW MUCH TIME ON FAMILY PLANNING VS. OTHER FUNCTIONS?) AND HOW THEY WILL BE TRAINED AND THE MANNER IN WHICH CENTRAL AND STATE MANAGEMENT WILL BE CARRIED OUT GIVEN THE NUMEROUS LEVELS OF SUPERVISION BETWEEN CENTER AND VILLAGE. ALSO, WHO WILL DELIVER THE GOODS AT THE VILLAGE LEVEL? AMBASSADOR GREEN WAS TOLD THIS MUST BE DONE THROUGH COMMUNITY INVOLVEMENT THAT DOES NOT NOW EXIST EXCEPT IN THE AREAS OF MAHARASHTRA AND GUJARAT (WHERE HE WILL VISIT NEXT). HARYANA AND PUNJAB ARE SEEKING COMMUNITY INVOLVEMENT THROUGH THE PANCHAYAT (VILLAGE COUNCIL). IT IS ALSO UNCLEAR WHETHER THE VILLAGE INDIGENOUS MEDICAL MAN COULD PARTICIPATE IN A COMMUNITY FAMILY PLANNING PROGRAM WHICH COULD THEN BE INCORPORATED IN THE OVERALL DELIVERY SYSTEM. THERE IS AN INDIGENOUS MEDICAL MAN IN AT LEAST 30 TO 40 PERCENT OF THE VILLAGES.

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8. ONE OF THE BRIGHTEST PEOPLE THE AMBASSADOR MET WAS DR B. KUMAR, A PEDIATRICIAN AT THE POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH IN HARYANA, WHO SPENT FOUR YEARS TRAINING IN THE US. KUMAR HAS BEEN GIVEN A GRANT OF RS.35,000 THROUGH THE FAMILY PLANNING ASSOCIATION IN DELHI AT THE DIRECTION OF THE HEALTH MINISTER TO USE IN A PILOT PROGRAM OF SOLICITING "HEALTH ASSISTANTS" AT THE VILLAGE LEVEL. EACH HEALTH ASSISTANT WOULD COVER 1000 PEOPLE. THE PROJECT WILL BEGIN IN FOUR AREAS OF A BLOCK (PART OF A STATE DIS-

TRICT), INCLUDING 20,000 PEOPLE. THE HEALTH ASSISTANT
(A FEMALE) WILL WORK IN THE AREA OF MATEJNLNQHILDNY
ALHTGTGSAND RECEIP
SS
PSWEEKDGMHORAINING. NRNKEJRITI
HRHE WILGNVEN
IWID RS. 100 A MONTH FOR PIDAG
FEME#WORK ENCOURAGING
STERILIZATION, GIVING
FAMILY PLANNING EDUCATION, KEEPING
RECORDS OF PREGNANCIES

WJPOQTION, AND SUPPLEMENTING
FOOD FOR BABIES AFTER THEIR MOTHERS HAVE ACCEPTED
STERILIZATION. THE HEALTH ASSISTANT WILL WORK DIRECTLY
UNDER THE AUXILLIARY MIDWIVES OF THE BLOCK.

9. THE EMBASSY AND AMBASSADOR
GREEN CONCLUDED AFTER
EXTENSIVE DISCUSSIONS HERE THAT INDIA COMMANDS RESPECT
FOR THE DETERMINATION
IT IS FOLLOWING IN TACKLING THIS
ALMOST IMPOSSIBLE PROBLEM. THE FACTS FORBID ANY SPECU-
LATION, BUT THE PROGRAM IS RUNNING BEHIND. MUCH HAS BEEN
DRAWN UP ON PAPER, BUT THERE IS A CONSIDERABLE GULF BET-
WEEN PLANNING AND EXECUTION. THE GOI IS RUNNING BEHIND
THE FIVE-YEAR PLAN GOALS IN STERILIZATIONS AND THE
INTEGRATED PLAN EVEN WHEN TOTALLY ENFORCED WILL STILL
NOT REACH ABOUT 40 PER CENT OF THE POPULATION. IT IS
ALSO UNCLEAR WHETHER VILLAGE ORGANIZATION IS SUCH THAT
IT COULD BE A BASE AT THE GRASSROOTS LEVEL FOR FAMILY
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PLANNING ORGANIZATION OR WHETHER THERE CAN BE PEER
PRESSURE AT THAT LEVEL.

10. INDIA HAS SUPERIOR INTELLECTUAL RESOURCES IN THE
BIOMEDICAL RESEARCH FIELD AND THE MOST PROMISING METHOD
OF US COOPERATION WITH INDIA WOULD BE IN THE EXPANSION
OF JOINT RESEARCH IN HUMAN REPRODUCTION AND IN RESEARCH
ON HEALTH DELIVERY SYSTEMS AT THE VILLAGE LEVELS. THI
IS POSSIBLE AND CERTAINLY WANTED.

11. AMBASSADOR GREEN WAS ALSO IMPRESSED BY WHAT INDIA
IS DOING ON ITS OWN IN ITS COMMITMENT OF \$70 MILLION
THIS YEAR TO FAMILY PLANNING. IT IS NOT DEPENDING ON
OUTSIDE RESOURCES. THE ASSISTANCE OF INTERNATIONAL
ORGANIZATIONS, SUCH AS WORLD BANK AND UNFPA, IS WELCOME,
BUT IT IS REALLY ONLY MARGINAL COMPARED TO THE
INDIAN INPUT.

SAXBE

NOTE BY OC/T: PARAGRAPH 8 # AS RECEIVED. CORRECTION TO FOLLOW.

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